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CONFIRMATION NO. 3009

SERIAL NUMBER 10/516,420	FILING OR 371(c) DATE 11/29/2004 RULE	CLASS 514	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. ASZD-P01-707
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/SE03/00858 05/27/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

SWEDEN 0201659-0 05/31/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY SWEDEN	SHEETS DRAWING	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 1

**ADDRESS**

28120

**TITLE**

Modified release pharmaceutical formulation

FILING FEE RECEIVED 1410	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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